

**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name Applewood Mobile Home Park  
Month/Year 11 / 2024 Entry Point: Well House

PWS ID# 41 00840  
Required Minimum Residual .40 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:30pm	Well House	.72	
2	3:00pm	"	.63	added 2 caps CL
3	2:45pm	"	.70	
4	2:30pm	"	.65	added 2 caps CL
5	2:30pm	"	.71	
6	2:30pm	"	.61	added 2 caps CL
7	2:30pm	"	.66	added 10gal H <sub>2</sub> O/10 caps CL
8	2:30pm	"	1.12	added 2 gal H <sub>2</sub> O
9	2:30pm	"	1.03	
10	2:00pm	"	1.00	added 2 gal H <sub>2</sub> O
11	2:30pm	"	.92	
12	2:30pm	"	.80	
13	2:30pm	"	.76	
14	2:30pm	"	.62	added 2 caps CL
15	4:00pm	"	.74	
16	4:00pm	"	.66	
17	2:30pm	"	.52	added 3 caps CL
18	2:30pm	"	.64	added 2 caps CL
19	4:00pm	(Loc #10)	.75	
20	2:30pm	Well House	.74	added 10gal H <sub>2</sub> O/10 caps CL
21	2:30pm	"	.86	
22	2:30pm	"	.85	
23	2:30pm	"	.83	
24	1:45pm	"	.87	
25	2:30pm	"	.79	
26	3:00pm	"	.66	added 2 caps CL
27	12:00pm	"	.78	
28	4:30pm	Loc #10	.76	
29	4:00pm	"	.74	
30	4:00pm	Well House	.62	
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Was the chlorine residual ever less than the required minimum residual of mg/L?  Yes  No

If yes, what was the longest time period until the required level was restored? hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

**GWS Serving 3,300 or Fewer**

If yes, did you monitor every four hours until the residual returned to mg/L as required?  Yes  No

Attach those results and submit them with this form.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month?  Yes  No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Drew Arseneaux

Signature: Drew Arseneaux

Date: 11/30/2024

Title: Water Tester

Phone #: (541) 505-2538

Operator Certification #:

OR

Small Groundwater System

**Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**